

## **COMMONWEALTH OF MASSACHUSETTS**

## DEPARTMENT OF PUBLIC SAFETY

## APPLICATION FOR ACTIVE/INACTIVE STATUS REQUEST OF THE HOISTING LICENSE

Please send application to:

Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108, Attn: Licensing Unit

Any operator of Hoisting Machinery who is unable to obtain the required continuing education necessary to renew their License may request that the License be placed in inactive status for up to 1 continuing education cycle and shall make the request in writing. Operators holding a License on an inactive status shall not be authorized to operate Hoisting Machinery for the time period that the License is inactive. A determination by the Department that a licensee may return to active status shall be made following the Department's receipt of a written request by the Licensee, the required renewal fee, a Certificate of Completion, and submission of required documentation pursuant to 520 CMR 6.02(6).

ull Name:					
	(fi	irst name)	(middle Initial)	(last name)	
Sailing Address:					
	(F	P.O. Box or Street)	(C	(State)	(Zip Code)
hone #:		Em	ail Address:		
loisting License:	HE -	Restrictions:		Expiration Date:	1 1
NOTE: Must st	ubmit the following leted renewal applic on-refundable proce '' photo (Unless Aut of valid driver' s lice of valid DOT medica	to place license in an eation essing fee thorization for Release ense al certificate	Inactive status: se of MA RMV Photo Inform	s change to your Hoisting Mac	
CERTIFICATION TO THE CONTROL OF THE CENTRAL PROPERTY O		law that this docume	ent and all attachments to tl	ne best of my knowledge are to	ue and accurate.